

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		7				
5		2				
6		2				
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13		2				
14		2				
15	1					
16		1				
17		1				
18	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	28					
TOTAL CLAIMS	34					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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56					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					